



Commonwealth of Massachusetts
Executive Office of Health and Human Services
Office of Medicaid
600 Washington Street
Boston, MA 02111
www.mass.gov/masshealth



Eligibility Operations Memo 07-16
November 1, 2007

TO: MassHealth Eligibility Operations Staff

FROM: Russ Kulp, Director, MassHealth Operations

RE: **Revised Request for Information (VC) Notices and MA21 Unverified Notes**

Introduction

Effective November 3, 2007, MassHealth Operations is revising the request for information (VC) notices in an effort to provide clearer instructions for submitting verifications for an applicant or member. MA21 will be revised to allow an eligibility worker to add additional text to the notice to convey to the household more specific details about the documentation that is requested. Notes may be used to inform an individual that the documentation supplied was illegible, outdated, or inappropriate.

MA21 Unverified Notes

Certain events on MA21 that record person events now have a new field titled **Not Ver Notes**. This field allows an eligibility worker to add additional comments that will display on the VC notice. Eligibility workers will have the option to select from a list of the most common reasons that additional documents are requested or enter case-specific information.

The following record-person events have the new "Not Ver Notes" field.

- ATT – Assets
- EIN – Earned income
- HIN – Health insurance
- REN – Rental income
- QAC – Qualified alien citizen and identity
- UIN – Unearned income

Note: An eligibility worker has the ability to enter a "Not Ver Note" for each occurrence of the events listed above.

For instructions on entering **Not Ver Notes**, see Attachment 1 at the end of this memo.

(continued on next page)

**Revised “Request
for Information”
(VC) Notice
Format**

The VC notice has been reformatted in an effort to provide clearer instructions and more specific requests for information to an applicant or member. The notice will be streamlined and provide all time frames for returning requested documentation at the beginning of the notice. The middle of the notice will ask for the specific verifications that are outstanding on the case. Finally, the notice will include a list of acceptable forms of verification specific to the type of verification that is being requested from the individual.

Attachments

The following attachments accompany this memo.

- Attachment 1 - MA21 data-entry instructions for **Not Ver Notes**
- Sample Revised Request for Information (VC) Notice

Questions

If you have any questions about this memo, please have your MassHealth enrollment center designee contact the Policy hotline.

Data Entry of “Not Verified Notes”

Certain events on MA21 record person events have a new field titled “**Not Ver Notes.**” This field allows an eligibility worker to add additional comments that will display on the Request for Information (VC) notice. An eligibility worker will have the option to select from a list of the most common reasons that additional documents are requested or enter case-specific information.

The following Record-Person Events have the new “Not Ver Notes” field:

- ATT – Assets
- EIN – Earned income
- HIN – Health insurance
- REN – Rental income
- QAC – Qualified alien citizen and identity
- UIN – Unearned Income

Note: Any comments entered on the “Not Ver Notes” screen will display **exactly** as entered on the VC notice. Please be sure to use clear, concise, grammatically correct language.

- Please do not use abbreviations.
- Text should be entered in sentence format (upper and lower case).

How to Add a “Not Ver Note” to an existing case

From MA21 record-person events:

1. Tab to the “Event” field and type appropriate **event** code (for example, QAC).
2. Tab to the member you wish to select and type **X**. Press **enter**.

The screenshot shows a Mainframe - EXTRA X-treme window with a menu bar (File, Edit, View, Tools, Session, Options, Help) and a toolbar. The main display area contains the following text:

Person modified successfully
PERPD010 ***** MassHealth ***** PERMD011
Oct 16,07 - Record Person Events - 1 more >

Name: CARSON, PETER Notes: N Done: _ (Y) MHBR w/order
SSN.: 013-94-5688 OLA Wind: N 0 Others

*Event: qac

X	Name	Age	FG	P	G	C	B	O	R	S	U	N	S	N	N	D	C	I	C	T	Prev	Curr
				T	R	A	I	R	P	B	T	I	R	I	I	E	C	S	O	T	Mo	Mo
X	CARSON, PETER	73	01	.	.	C	.	.	.	.	.	.	.	.	.	.	.	.	.	.	Inc	Inc
X	CARSON, MARY	72	01	.	.	C	.	.	.	.	.	.	.	.	.	.	.	.	.	.	Inc	Inc

Enter--PF1---PF2---PF3---PF4---PF5---PF6---PF7---PF8---PF9---PF10---PF11---PF12---
help retrn quit bkwr frwr left right main

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Annotations: An arrow points to the "Event" field with the text "Type QAC". Another arrow points to the "X" in the first column of the member list with the text "Type X".

3. Tab to the "Not Ver Notes" field and type X over the (+) symbol. Press **enter**.
Note: The QAC event has two separate "Not Ver Notes" fields – one field for comments related to citizenship and immigration and one field for comments related to identity.

Enter changes

+-----Qualified Alien Citizen-----More: ++ PERMD011
1 more >

PERMD040 Age: 73 PERPD040
Name: CARSON, PETER SSN: 013-94-5688

----- SELECT ONE ----- MHBR W/order
Country....: USA Entry Date: -- -- -- 0 others

Born US Citizen: Y Y/N

Citizen or National.....: Y Battery/Abuse : _ Prev Curr
Deportation Withheld: _ Granted Asylum: _ Mo Mo
Conditional Entrant: _ Refugee: Incm Incm
Legal Permanent Resident.: _ Granted Parole: _
Native American/Canadian.: _ Prucol: _
Veteran or on Active Duty: _ Amerasian: _
Spouse/Depn of Vet or AD.: _
Victim Sevr Trafficking...: _
Other, explain below.....: _

*Not Ver Cit/Imm Nts: + *Not Ver Identity Nts: +
*Cit/Imm Source: *Cit/Imm Ver Type: _____
*Identity Source: *Identity Ver Type: _____

Enter-PF1---PF2---PF3---PF4---PF5---PF6---PF7---PF8---PF9---PF10---PF11---PF12---
help retrn quit confm skip main

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4. The "Not Ver Notes" screen will appear.

+-----Maintain CIT-IMMG Unverified Notes-----+

PERPD040 PERMD041

Name: CARSON, PETER

SSN: 013 94 5688

*
*
*
*

Hit PF2 to Return

Enter-PF1---PF2---PF3---PF4---PF5---PF6---PF7---PF8---PF9---PF10---PF11---PF12---
help retrn quit confm skip main

09/09

5. Press **PF1** for a drop-down list of options. Select the appropriate message from the list and press **enter**.

-----Maintain CIT-IMMG Unverified Notes-----More: >+
TABHH702 List Unverified Table
Oct 16,07 2:59 PM 1
-----+
Desc

We cannot read the verification we received
We received no documentation
The verification we received is not acceptable proof
The verification we received is too old
*** End of Data ***
Big Tabl Cd: _____
-----+
--PF12--

6. Type additional **comments** as needed.

Note: The PF1 help menu is a list of the most common reasons to request additional documentation. These messages should be used when possible; however the eligibility worker may choose to use case-specific language.

-----Maintain CIT-IMMG Unverified Notes-----+
PERPD040 PERMD041
Name: CARSON, PETER
SSN: 013 94 5688
* We cannot read the verification we received_____
* _____
* _____
* _____
Hit PF2 to Return
Enter-PF1---PF2---PF3---PF4---PF5---PF6---PF7---PF8---PF9---PF10---PF11---PF12---
help retn quit confm skip main

- Press **PF2** to return to the "Event" screen. The indicator for "Not Ver Notes" is a caret (>) that replaces the (+).

Press PF5 to confirm modify

-----Qualified Alien Citizen-----More: ++ PERMD011
| PERMD040 Age: 73 PERPD040 | 1 more >
| Name: CARSON, PETER SSN: 013-94-5688 |
|----- SELECT ONE -----| MHBR w/Order
| Country...: USA Entry Date: _ _ _ _ | 0 others
| Born US Citizen: Y Y/N |
| Citizen or National.....: Y Battery/Abuse : _ | Prev Curr
| Deportation Withheld: _ Granted Asylum: _ | Mo Mo
| Conditional Entrant: _ Refugee: _ | Incm Incm
| Legal Permanent Resident.: _ Granted Parole: _ | -----
| Native American/Canadian.: _ Prucol: _
| Veteran or on Active Duty: _ Amerasian: _
| Spouse/Depn of Vet or AD.: _ Cuban/Haitian : _
| Victim Sevr Trafficking...: _
Other, explain below.....: _
Verified.....: N
*Not Ver Cit/Imm Nts: > *Not Ver Identity Nts: >
*Cit/Imm Source: *Cit/Imm Ver Type: _____
*Identity Source: *Identity Ver Type: _____

Enter-PF1---PF2---PF3---PF4---PF5---PF6---PF7---PF8---PF9---PF10---PF11---PF12---
help retrn quit confm skip main
06/16

- Press **PF5** to confirm.
- Perform an eligibility determination. A new or revised VC notice, complete with the **Not Ver Notes** will be generated to the household.

Asset (ATT) Event

Below is an example of the "Bank Account" asset screen. "Not Ver Notes" may be added for each asset occurrence on MA21.

Note: The "Asset type =CASH" screen will not have the "Not Ver Notes" field. Cash assets are automatically considered verified (self-declared).

Enter changes

-----Maintain Bank Asset-----+
| PERPD720 | PERMD720
| Asset Verified: N | Asset Verification Date: _ _ _ _
| Not Ver Notes.: X |
| Bank Name...: BANK OF AMERICA Acct No.: 123456789 |
| *Acct Type...: CHECK_ Acct Bal...: 1600.00 Bal Date: _ _ _ _
| Asset Active: Y Acct cls Dt: _ _ _ _ Joint...: N
| Bus Acct...: N Asset Countable: Y
| Inappr Payments: _ Reduction Date: _ _ _ _
| Notes: +
|----- Household Member Owners -----
| > X Name Age Start Dt End Date Acc Amount
| _ 1 CARSON, PETER 73 10 16 2007 _ _ _ _ Y 800.00
| _ 2 CARSON, MARY 72 10 16 2007 _ _ _ _ Y 800.00
| 3
4
Enter-PF1---PF2---PF3---PF4---PF5---PF6---PF7---PF8---PF9---PF10---PF11---PF12---
help retrn quit confm bkwrwd frwrd main
06/21

Health Insurance (HIN) Event

Press PF5 to confirm Add

```

+-----+-----+-----+-----+-----+-----+
| PERPD100                                PERMD101 |
| *Policy Source Ind: 0                    Job Active...: |
| *Holder Name.: CARSON, MARY_____ DOB: 06 21 1935 SSN: 013 94 5687 |
| *Ins Company.: BCBS_____ Group No.: _____ |
|                                     Polc No...: _____ |
| Ind/Cp/Fm/Dl: I      Polc Type: Medical      *Subsidy Type...: E |
| Premium Cost: _____ *Freq: _____ Start Dt: _____ |
| Verified: N      Not Ver Notes: X      Stop Dt.: _____ |
+-----+-----+-----+-----+-----+-----+
| > X   Name      Age  Start Dt  End Dt      Reason |
|   1  CARSON, PETER      73  _____  _____  _____ |
|   x 2  CARSON, MARY      72  10 16 2007  _____  _____ |
|   3  _____  _____  _____  _____  _____ |
|   4  _____  _____  _____  _____  _____ |
|   5  _____  _____  _____  _____  _____ |
|   6  _____  _____  _____  _____  _____ |
+-----+-----+-----+-----+-----+-----+
Enter--PF1---PF2---PF3---PF4---PF5---PF6---PF7---PF8---PF9---PF10---PF11---PF12---
help retrn quit      confm      bkwrđ frwrđ skip left right main
  
```

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Earned Income (EIN) Event

When adding "Not Ver Notes" to the earned income (EIN) event:

1. Access the EIN event. Type X over the (+) symbol. Press **enter**.

Enter changes

```

PERPD010
Oct 16,07
Name: CARSON, PETER
SSN.: 013-94-5688
*Event: ein
X      Name
- -----
CARSON, PETER
n CARSON, MARY
  
```

```

+-----+-----+-----+-----+-----+-----+
| PERPD020                                PERMD020 |
| For: CARSON                                Age: 72  SSN: 013-94-5687 |
+-----+-----+-----+-----+-----+-----+
| x Gross.: 700      Hrs: 70      *Type...: EARNED |
| Deduct: _____ Dis: _____ |
| Eff Dt: 10-01-07 Ver: N      End Job: _ |
| Not Ver Notes: + |
+-----+-----+-----+-----+-----+-----+
| FEIN...: _____      Class...: _____ |
| Name...: 123 ACCOUNTING_____ |
| Address: _____ |
| City: _____ |
| *State: _____ |
| Country: _____ Ph: _____ |
| N Offers Health Ins      Meets min Subsidy.: _ |
| N Deduction for Health Ins      Wait Period: _ _ _ |
| N Employed by state agency |
+-----+-----+-----+-----+-----+-----+
Enter--PF1---PF2---PF3---PF4---PF5---PF6---PF7---PF8---PF9---PF10---PF11---PF12---
help retrn quit      confm      skip      main
  
```

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2. The EIN pop-up window will appear. Type the
 - effective date;
 - gross monthly income;
 - monthly hours; and
 - verified indicator.

3. Type X over the (+) symbol to access the “Not Ver Notes” window. Press **enter**.

4. Enter comments as needed. Press **PF2** to return to the EIN pop-up window. Press **PF5** to confirm.

Unearned Income (UIN) Event

“Not Ver Notes” may be added for each occurrence of unearned income (UIN). If the individual has more than one UIN record, be sure to select the appropriate “Not Ver Notes” option.

Note: Any text entered into the “Source/Effective Date” field will display on the VC notice. Suggestions:

- Use this field to identify details of the source of the income (examples include, private pension – company name; child support – absent parent name, DOR, etc)
- Use parentheses (see example below) when entering the source.

REVERE OFFICE
300 OCEAN AVENUE, SUITE 4000
REVERE MA 02151-3675

Tel: (800) 322-1448
Fax: (781) 485-3400

550/VCT1-HCR
MARY CARSON
123 MAIN ST
BOSTON MA 02111-0000

REQUEST FOR INFORMATION

Date: 10/16/2007

Notice: **1469259**

SSN: **013-94-5687**

Dear MARY CARSON

MassHealth has received your application or review form but we need more information before we can make a decision about your eligibility for health-care benefits. The information we need is listed below. A list of acceptable documents that you may send us to verify this information appears further down on this notice.

You must send us all of the information we need by 11/15/2007. If you do not send us this information by this date:

- * your health-care benefits may be denied if you are applying; or
- * your health-care benefits may end if you are currently getting benefits.

If you believe you have already submitted all requested verifications or if you have any questions, call the phone number at the top of this notice.

Information We Need

We need verification of the following information from:

CARSON, PETER

- Verification of Citizenship
We cannot read the verification we received
- Verification of Identity
We cannot read the verification we received

continued...

- Income from Private Pension (TEL WORKERS)
The verification we received is not acceptable proof
- Rental Income for 123 MAIN ST #2
Please submit a copy of 2006 1040 and Schedule E
- BANK OF AMERICA Checking Account 123456789
The verification we received is too old

CARSON, MARY

- Earned Income from 123 ACCOUNTING
We received one paystub and we need one more
- Health Insurance Medical BCBS OF MA-REGULAR
We received no documentation
- BANK OF AMERICA Checking Account 123456789
The verification we received is too old

Documents You May Submit

Proof of Citizenship and Identity

If you are a citizen and we asked you to provide proof of citizenship and identity, you must send us the following:

Level 1-Acceptable Proof of Identity and Citizenship

Applicants or members born outside the U.S. who were not citizens at birth must submit one of the documents listed below **(one of the following documents satisfies identity and citizenship):**

- * U.S. passport;
- * Certificate of Naturalization (DHS Forms N-550 or N-570); or
- * Certificate of U.S. Citizenship (DHS Forms N-560 or N-561).

Level 2-Acceptable Proof of Citizenship

A proof from Level 2 can only be submitted if you cannot get a proof from Level 1 **(you must also provide proof of identity):**

- * U.S. birth certificate issued before 5 years of age, from one of the 50 U.S. states or U.S. territories or outlying possessions (with appropriate dates);
- * Report of Birth Abroad of a U.S. Citizen (Form DS-1350, FS-240, or FS-545);
- * U.S. Citizen I.D. card (INS Form I-197 or Form I-179).

PLEASE NOTE: If you cannot get proof from Level 1 or Level 2, please look in the MassHealth Member Booklet or MassHealth + You Guide or go to www.mass.gov/masshealth for more information on proof of identity and the different levels of proof of citizenship.

Acceptable Proof of Identity

If you cannot get proof of citizenship and identity from Level 1 and you provide proof of citizenship from a different level, you must also provide proof of identity. Examples of proof of identity are below:

- * current state driver's license with your picture or other identifying information or state I. D. with your picture;
- * Certificate of Indian Blood or other U.S. American Indian or Alaska Native tribal document with your picture or other identifying information;
- * school I. D. card with your picture;
- * U.S. military card or draft record;
- * I. D. card issued by federal, state, or local government with your picture or other identifying information;
- * military dependent's I. D. card; or
- * U.S. Coast Guard Merchant Mariner card.

Children under age 16 may have their identity proven using other means when the child does not have or cannot get any proof on the above list.

- * daycare or nursery school record (with a photograph) showing date and place of birth; or
- * affidavit signed under penalty of perjury by a parent or guardian attesting to the child's date and place of birth.

The affidavit cannot be used if it was used to verify citizenship.

If we asked you to verify citizenship and/or identity and you think you will need more time than we gave you on this notice, please call the phone number at the top of this notice to request an extension.

Health Insurance: Copy of both sides of all health insurance cards and a copy of your current premium bill.

Income Information

Earned income - Please send us one of the following showing gross income and the number of hours per pay period: two recent consecutive pay stubs; your most recent Form 1040 (U.S. Individual Income Tax Return) with all attachments; or any earnings statement from your employer.

Unearned income - Please send us one of the following showing gross income from each income source: a copy of your check stub or award letter; a statement from the company or agency issuing the payment or benefit; or your most recent Form 1040 (U.S. Individual Income Tax Return) with all attachments.

Rental income - Please send us the following for all units: proof of rental income and expenses for the past 12 months, including taxes, mortgage statement, insurance, heat and water if provided, and repairs and maintenance.

Reminder: Gross income is your income from any source before deductions are taken out.

continued...

Bank Accounts: must verify the amount on deposit by bank books or bank statements that show the bank balance within 45 days of the date of application or eligibility review.

If you do not have any of the requested documents or you do not understand what you need to provide, please call an eligibility worker at the MassHealth Enrollment Center listed on the first page of this form.

Please include your name, social security number, and/or your date of birth on all correspondence.